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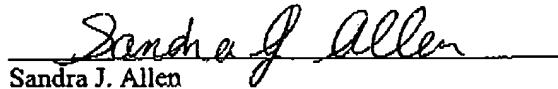
PATENT
Attorney Docket No.: OPT-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:	Krupa, et al.	CONF. NO.:	8172
SERIAL NO.:	10/810,504	GROUP NO.:	2875
FILED:	March 26, 2004	EXAMINER:	Hargobind Sawhney
TITLE:	COMPACT, HIGH-EFFICIENCY, HIGH-POWER SOLID STATE LIGHT SOURCE USING A SINGLE SOLID STATE LIGHT-EMITTING DEVICE		

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, are being faxed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at Facsimile No. 571-273-8300 on this 14th day of April, 2006.



Sandra J. Allen

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
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Submitted herewith are:

1. Transmittal Form (1 pg);
2. Request for Continued Examination (RCE) Transmittal (1 pg);
3. Amendment and Response (13 pgs); and this
4. Certificate of Facsimile Transmission (1 pg).

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TRANSMITTAL
FORM

Application Serial Number	10/810,504
Filing Date	March 26, 2004
First Named Inventor	Krupa
Group Art Unit	2875
Examiner Name	Hargobind Sawhney
Attorney Docket No.	OPT-007
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <ul style="list-style-type: none"> <input type="checkbox"/> Formal Drawing(s) 	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate)
<input checked="" type="checkbox"/> Amendment and Response (13 pgs) <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Drafspserson including Drawings [Total Sheets _____] 	<input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal (1 pg) <ul style="list-style-type: none"> <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) 	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <ul style="list-style-type: none"> <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> Amendment After Allowance	

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	<p>Respectfully submitted,</p>  <p>Sandra A. Brockman-Lee Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600</p>

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